

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Lindsay Elena Kelsch		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Director	CB/D NUMBER	DIVISION OR BUREAU Central Valley Office			INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol, First Floor			TELEPHONE NUMBER
CITY	STATE	ZIP	CITY	STATE	ZIP
		Sacramento		CA	95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
01-Oct		Fres to Tulare									52 23.14		23.14
01-Oct		Tulare to Fres									52 23.14		23.14
01-Oct		Fres to Kerman									21 9.35		9.35
01-Oct		Kerman to Fres									21 9.35		9.35
02-Oct		Fres to Earlimart									71 31.60		31.60
02-Oct		Earlimart to Fres									71 31.60		31.60
09-Oct		Fres to Merced									64 28.48		28.48
09-Oct		Merced to Fres									64 28.48		28.48
19-Oct		Fres to Merced									64 28.48		28.48
19-Oct		Merced to Fres									64 28.48		28.48
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	544 242.08	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$242.08	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

10/1 I represented the Gov at the Tulare County Adult Drug Court Graduation and at the Dedication Ceremony of the Kerman City Hall expansion, 10/2 I represented the gov at the Nutrition and healthy Living Event at Earlimart Elementary School for Nintational health Week, 10/9 I represented the gov at the UC Merced tour, 10/19 I staffed th e gov at his drop by to meet Chancellor Kang at UC Merced due to the passing of the former UC Merced Chancellor

NORMAL WORK HOURS

8:00am to 5:00pm

PRIVATE VEHICLE LICENSE NUMBER

5PVH482

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240790

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 10/19/09	SIGNATURE OF OFFICER APPROVING TRAVEL EXPENSES	DATE 11/19/09
SIGNATURE OF TITLE C	DATE FOR SPECIAL EXPENSES		DATE 11/23/09